

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000431</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/22/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>MILLER'S MERRY MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 WALKERTON TR WALKERTON, IN 46574</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>A Quality Assurance Walk-thru Survey was conducted by the Indiana State Department of Health.</p> <p>Survey Date: 10/22/12</p> <p>Facility Number: 000431 Provider Number: 155574 AIM Number: 100290380</p> <p>Surveyor: Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Quality Assurance Walk-thru survey, Millers Merry Manor was found in compliance with 410 IAC 16.2-3.1-19(ff).</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, and areas open to the corridors with battery operated smoke detectors in the resident rooms. The facility has a capacity of 107 and had a census of 75 at the time of this visit.</p> <p>The facility was in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered, except for two detached sheds being used for facility storage and a maintenance shop as well as one detached building used for an employee only office and one building used for the generator .</p> <p>Quality Review by Robert Booher, Life Safety</p>	K 000		

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

LZ9R21

If continuation sheet 1 of 2

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K 000	Continued From page 1 Code Specialist-Medical Surveyor on 10/31/12.	K 000			